



**APRIL/MAY/JUNE 2011
SUMMER ISSUE**

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SEAT/ASIST Training Dates

June 9 Child/TAY SEAT Presentation Pennylane (Lancaster)	SA 1
June 22-23 ASIST Training Mental Health of America (Lancaster)	SA 1
June 29 SEAT Presentation Santa Monica C.C. (Santa Monica)	SA 5
July 18/19 ASIST Training California Endowment (Los Angeles)	SA 4
To register, contact Terica Roberts, LMFT Troberts@dmh.lacounty.gov	

The “SERT” Buzz

Suicide Education and Resource Tips Newsletter

Youth without a Home: Homelessness, Mental Illness and Suicide

Contributor: Tasha McFashion-Stiger, MSW

Los Angeles is admired all around the world for its glitz, glamour, Hollywood stars and seemingly “easy, carefree living”. Many youth aspire to travel to this “land of glam” to make their childhood dreams of stardom come true. Unbeknownst to them, behind the sun, surf and glitter, L.A. County is struggling with some harsh realities. This reality not only impacts over 10,000 youth a year, but it makes L.A. County known for something else that is less publicized. It’s considered “the homeless capital of the world.”

The Los Angeles Homeless Services Authority (LAHSA) noted in its 2007 report on homelessness in Los Angeles that, on any given night, over 10,000 children are homeless in L.A., and 79-percent of them are unsheltered. That’s 7,998 youth who are sleeping in the streets of L.A. every night. The same report found that within L.A. County Service Planning Area (SPA) 4 (which includes the Hollywood area), 32-percent of the population is homeless – more than any of the other seven L.A. County SPAs.

Homelessness has serious consequences for youth. It is especially dangerous for youth between the ages of 16 and 24 who do not have familial support. Living in shelters or on the streets, unaccompanied homeless youth are at a higher risk for physical and sexual assault or abuse and physical illness, including HIV/AIDS. It is estimated that 5,000 unaccompanied youth die each year as a result of assault, illness or suicide. Furthermore, homeless youth are at a higher risk for anxiety disorders, depression, post-traumatic stress disorder and suicide due to increased exposure to violence while living on their own. Homeless youth are also more likely to become involved in prostitution, to use and abuse drugs, and to engage in other dangerous and illegal behaviors. Homeless youth are socially marginalized and often arrested for “status” offenses; an action that is only illegal when performed by minors, like running away or breaking

curfew. For youth who are released from juvenile corrections facilities, re-entry is often difficult because they lack the familial support systems and opportunities for work and housing. Additionally, homeless youth are more likely than the general youth population to become involved in the juvenile justice system.

Furthermore, according to national surveys, 75-percent of street youths were using marijuana, about 33-percent were using hallucinogens, stimulants and analgesics, and 25-percent were using crack, other forms of cocaine, inhalants and sedatives. Substance abuse rates vary greatly among homeless youth according to gender, age, ethnicity and current living situations. Street youth have the highest rates of substance use and abuse, followed by sheltered youth and runaways, and then housed youth. These rates often thought to increase with age.



As a consequence of being homeless, many youth lack self-sufficiency skills and financial resources. Most likely, homeless young people will suffer from mental health disorders, including post-traumatic stress disorder and substance abuse disorders, and have poor physical health and limited access to quality healthcare. Relationships and social networks are very important to the support and survival of homeless youth. Most importantly, strong and positive relationships with adults, programs or organizations can prevent a homeless episode. Communities should work to ensure young people – like those transitioning out of the foster care system and leaving juvenile corrections – have safe, stable and affordable housing options. Strategies should include housing linked with supportive services.

Across the nation, communities must seek to understand and tailor solutions to the unique needs of homeless youth – only then can we prevent and end these alarming statistics.

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LACDMH- TAY Division

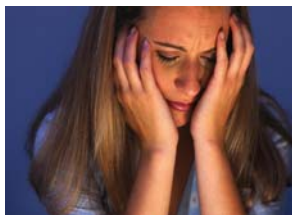
Enhanced Emergency Shelter
Program

Gatekeeper
213-738-6194

Clinical Corner: A Conversation about Mental Health, Homelessness and Suicide

Contributor : Joanna Benitez, MSW

Suicide is the third leading cause of death, behind unintentional injury and homicide for young people 15-24 years old. (Lazarus & Kalafat, 2001) According to the Centers for Disease Control and Prevention (CDC), around 4,500 youth between the ages of 10 and 24 take their lives every year. Homeless youth may view suicide as the only means of escaping the stressors encountered by homelessness, and the only option to resolving their problems. Suicide attempt rates among homeless youth typically range from 20-percent to 40-percent (Greene & Ringwalt, 1996; Molnar, Shade, Kral, Booth & Watters, 1998; Yoder, 1999)



Factors that have been noted as contributing to suicidal behavior, including suicidal ideation and attempts, have been associated with histories of physical and/or sexual abuse, familial substance abuse, familial psychopathology, alcohol and/or drug abuse. Many homeless youth have mental health, alcohol and drug problems, often in combination. Mental health disorders that put youth at higher risk for suicide include depression, bipolar disorder, conduct disorder, anxiety disorders and substance abuse disorders.

Homeless Youth: Who are these youth that call the streets of Los Angeles their home?

Youth with various risk factors seek refuge on the streets of Los Angeles. Some of these youth have hopes of escaping homes or systems where they felt unwanted, had experienced abuse, felt rejected and/or unloved. They are often labeled “throwaways,”

“street youth” or “system’s youth.” According to The McKinney-Vento Homelessness Assistance Act, a homeless person is one that:

- does not have a regular place to stay;
- does not have adequate nighttime residence;
- resides in a shelter, welfare hotel or transitional living program;
- resides in a place not ordinarily used as regular sleeping accommodations;
- shares residence with other persons, due to loss of housing or economic hardship.

Street factors that the homeless youth face, and have been linked with heightened risk, include sexual victimization and suicide attempts among friends, substance use, and social stigma. Mental health risk indicators that impact our homeless youth have included depression, self-esteem and feeling of being trapped/helpless.

How do TAY end up homeless?

According to research concerning runaway/homeless youth, there are various factors contributing to why an adolescent may runaway. These reasons have often focused on family problems, conflicts, maltreatment, and neglect (Tyler, Hoyt, Whitbeck, & Cauce, 2000). These youth are absorbed into the streets of Los Angeles, becoming “street youth” and renamed “homeless”. The streets may provide these youth with refuge, but at the high price of putting themselves at risk for sexual assaults, drug use and mental health problems, including suicide attempts and suicide.

Suicide is not a mental illness in itself, but may be the result of untreated mental health disorder/s.

Transition age youth (TAY) often attempt to cope with their mental illness and life stressors through the

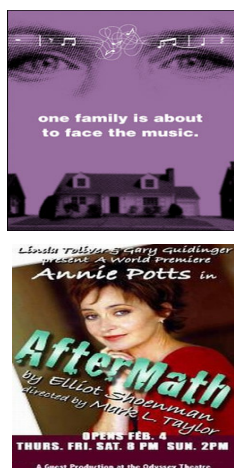
use of illegal substances. Society typically views drug and alcohol use as a hindrance to successfully transitioning out of homelessness. However, homeless young people have described their beliefs regarding the benefits of using substances to numb the effects of unwanted thoughts and feelings by helping them cope with the daily strains of life on the street. Youth have indicated that various substances are used for their calming effects and others provide a sense of well-being and social connection to substance-using peer networks (Tyler & Johnson, 2006). In a recent research study, nearly one quarter of participants believed that a life without drugs would be detrimental. They viewed using substances as an effective means of coping with physical and mental health symptoms, even suicidal thoughts. They often minimize some of the negative consequences, such as problems with the law, interpersonal problems, poor school performance and many others.

It can be agreed that substance use has detrimental results as a whole, but it must be noted that for some homeless youth, drugs serve a purpose and view substance use as a positive coping skill. It is also well known that alcohol and other drugs are often used to mask mental health symptoms, including suicidal thoughts. For providers that work directly with homeless youth, when assessing for mental health needs, it is important to understand the purpose that drugs serve for the homeless youth, consider their coping skills, support systems and other suicide risk factors. For more information regarding risk factors and protective factors, please visit the Suicide Prevention Resource Center’s website:

<http://www.sprc.org/>

Media Review: A Review of *Next to Normal* & *Aftermath*

Contributor: Dina Moss, Medical Caseworker II



Few families in the United States are untouched by some form of mental illness. In one way or another, most families will eventually deal with this matter, weather directly or indirectly. The theater scene in Los Angeles recently touched on this topic and offered two plays that were critically acclaimed, *Next To Normal* and *Aftermath*.

Next To Normal is a musical that follow the journey of a mother who struggles with worsening bipolar disorder and it allow the audience to see the effect that her illness has on her family. This musical also addresses such issues as grieving a loss, suicide, drug abuse and dealing with modern psychiatry all while trying to be a mother and a wife. The play uses songs and humor to put a twist on dealing with very serious matters.

Another play is *Aftermath*. This production will be playing at The Matrix Theater in Los Angeles from May 21st-June 26th, 2011. This play shows the challenges of a widow trying to help her family cope after her husband died by suicide after jumping into the Hudson River. Members of the family are dealing with hurt, guilt, blame, anger, the stigma and the question of "why".

Both of these plays offer different perspectives, and may leave the viewer with a different outlook on how to cope with family members experiencing depression and other mental health issues.

COD Alert: Complexity of Drug Use and Effective Treatment

Contributor: Lamont Bell, Substance Abuse Counselor

People often perceive the use of drugs as a behavioral choice. Through extensive research, we now have learned that substance abuse can begin as a social event or peer pressure, but one can become immediately dependent. Dependence begins to consume the individual, causing the cravings to become uncontrollable. Once the body begins to crave drugs, a path to compulsive behavior, regardless of risks and consequences, takes over. The desired end result is to satisfy the body's physiological need or to provide a drug-induced feeling of euphoria. It is apparent today that long-term dependence on drugs has an adverse effect on the brain and its ability to function. The effects of drug use compromises the brain's natural ability to use sound judgments and make rational choices. As a result, the need to enter into substance abuse treatment becomes nearly impossible until the individual "hits rock bottom".

According to the Substance Abuse and Mental Health Service Administration (SAMHSA) National Survey on Drug Use and Health, 9.4-percent of the population (age 12 and older) will need some form of treatment for illicit drug or alcohol use. Of these individuals, 10-percent will likely receive hospitalization and outpatient care for related drug dependence. This report also stated that 8.4-percent of the Transition Age Youth (TAY) population mentioned will never receive any form of substance abuse treatment. What a tragedy! One may ask how should we tackle these staggering statistics.

The diversity of drug treatment is a factor that cannot be overlooked. This is especially true when one considers the reality that drug use affects all aspects of an individual's life. In some substance abuse treatment communities, abstinence is a requirement to enter treatment. However, studies have shown that abstinence is not always effective for today's youth. Abstinence from drugs only defeats half the problem. Fulfilling the emotional void and addressing contributing factors are the major objectives to sustain a life of recovery. In addition, research has shown that educating individuals about the connection of the body and the mind helps to assist with long-term recovery from substance abuse.

Substance abuse treatment must be individualized and continually modified to meet the needs of the individual as he/she progresses along the road of recovery. It is critical for treatment to be accessible and readily available when an individual has decided to seek help. The need for mental health treatment should be evaluated to address underlying issues that may have contributed to substance use. When possible, it is often best to provide mental health and substance abuse treatment concurrently. Treatment should be voluntary and occur over an adequate period of time. Counseling, individual therapy and group therapy have proven to be effective treatment modalities to address substance use. In dealing with the TAY, as well as other age groups, one must understand that relapse is a natural aspect of treatment. Therefore, youth should be continuously monitored. Relapse has to be tackled "one youth" at a time coupled with education, compassion and effective treatment.

Quote of the Month:

Credulous hope supports our life, and always says that tomorrow will be better.

-Tibullus



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MHSA/Prevention and Early Intervention

TRANSITION AGE YOUTH DIVISION

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Enhanced Emergency Shelter Program
Sandra Sanchez
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Ssanchez@dmh.lacounty.gov

TAY Partners in Suicide Prevention Goals:

Educating

- Knowledge of practical strategies of dealing with suicide
- Understanding of suicidal ideation
- Knowledge to help identify those at risk and other risk factors
- Skills in how to help a person who is experiencing thoughts of suicide
- Learn about using intervention strategies in your community
- Learn basic strategies useful in detecting warning signs, listening and taking appropriate action

Empowering individuals and communities to seek the help they need

Enhance confidence in handling crisis situations

Resourcing ability to identify resources within your local community and effectively build a relationship with community mental health partners to address resource barriers and access to services

Countywide Partners in Suicide Prevention Teams

Martha Alamillo	Terica Roberts	Anne Choe	Jae Won Kim
Children Youth and Family	Transition Age Youth Division	Adult System of Care	Older Adult System of Care
213-739-5412	213-923-6459	213-738-4140	213-738-4150
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This newsletter is made possible by the implementation of the Prevention and Early Intervention (PEI) component of the Mental Health Services Act (MHSA) of 2004. Under PEI, the California Department of Mental Health encourages programs that bring mental health awareness into the lives of all members of the community through public initiatives and dialogue.

Survivor Support Groups

CALENDAR

May

*Cinco De Mayo
TAY Conference
May 17, 2011
California Endowment Center
(Los Angeles, CA)
Annual Latino Conference
May 19, 2011
Pacific Clinics, Pasadena

June

ASIST Workshop
June
(Palmdale, CA)
Assessing and Managing Suicide
Risk: Core Competencies
June 2, 3, 13, & 14, 2011
(Los Angeles, CA)
Available Dates for SEAT
Presentations
Please Contact
Terica Roberts 213-923-6459

Encino

The Bereavement Counseling Center
16255 Ventura Blvd., Suite 308
Encino, CA 91436
Group Name: Survivors Personal
Coaching Seminar
Contact Person: Dr. Rosemarie White
818-906-8832

Glendale

Glendale Adventist Medical Center
Chaplain's Department
1509 Wilson Terrace
Glendale, CA 91206
Group Name: Mothers Surviving
Suicide of a Child
Contact Person: Alice Parsons Zulli
818-409-8008

Culver City

Suicide Prevention Center
DiDi Hirsch Community
Mental Health Center
Group Name: Survivors After Suicide
Contact Person: Rick Mogil
310-895-2326
310-391-1253 (24 hours)

Culver City

Group Name: Sibling Survivor
Group
Contact Person: Nancy Morrissey
310-739-3349
lilygardenalia@yahoo.com

Los Angeles

Survivors After Suicide
2001 S. Barrington Ave., #202
Los Angeles, CA 90025
Group Name: Survivors After
Suicide & Loss of Child to Suicide
Contact person: Terry Jordan,
LCSW
310-859-2241

West Los Angeles

Our House Grief Support Center
1663 Sawtelle Blvd., Suite 300
Los Angeles, CA 90025
310-473-1511

Brentwood/ West LA

Compassionate Friends
Chapter Name: Brentwood Santa
Monica TCF Chapter
Chapter Number: 1950
jpbrp@aol.com

RESOURCES

211
DMH ACCESS Hotline
1-800-854-7771
National Suicide Prevention Hotline
1-800-273-TALK (8255)
Didi Hirsh Suicide Prevention &
Survivor Hotline
1-877-727-4747
TREVOR Helpline
1-866-4U-TREVOR
Teen Line
1-800-852-8336